

IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF MARYLAND

PAUL MORALES

vs.

PENSION BENEFIT  
GUARANTY CORPORATION

\*

Civil Action No. 10-cv-1167

\*

OR

\*

Criminal No. \_\_\_\_\_

\*\*\*\*\*

**RETURN OF SERVICE**

I served the following documents (check all that apply):

☒  
☒  
☐  
☐

summons

complaint and any attachments

subpoena

other - describe: \_\_\_\_\_

By (check method of service):

☐  
☒  
☐  
☐

Personal - place served: \_\_\_\_\_

Certified mail, restricted delivery - attach green card

Left copies at subject's dwelling house or usual place of abode with person of suitable age and discretion residing therein

Other - describe: \_\_\_\_\_

On (name of person or entity served): PENSION BENEFIT GUARANTY CORPORATION

Date of service: 05/14/10

I declare under penalty of perjury under the laws of the United States that the foregoing information is true and correct.

Signature of process server:

Tracy E. Stanforth  
05/18/10

Date:

Printed name of process server:

TRACY STANFORTH

Address of process server:

LAW OFFICE OF RUTH ANN AZEREDO LLC

1997 ANNAPOLIS EXCHANGE PKWY., SUITE 300  
ANNAPOLIS, MD 21401  
(410) 729-0190

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <u>RMC</u> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p><b>Pension Benefit Guaranty Corporation</b>  <b>1200 K Street, N.W.</b>  <b>Washington, DC 20005</b></p>		<p>B. Received by (Printed Name) <u>McClone</u> C. Date of Delivery <u>5/14/0</u></p>	
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes</p>	
<p>2. Article Number</p> <p>(Transfer from service label)</p>		<p><u>7010 0290 0001 7603 3632</u></p>	
<p>PS Form 3811, February 2004</p>		<p>Domestic Return Receipt 102595-02-M-1540</p>	